

APPLICATION FOR PLUMBING PERMIT

PERMIT NUMBER

I hereby make application for a permit to do plumbing work in accordance with Title 50, Chapter 60, Section 505, MCA and Sections 24.301, 24.302, 24.303, 24.304 and 24.305 ARM.

Applicant/Plumber/Business Name: _____ License No. _____

Mailing Address: _____ City: _____ Zip: _____ Phone: _____

Job Location: _____ City: _____ County: _____
(attach map if necessary)

Owner's Name: _____ Phone: _____

**MAKE CHECKS PAYABLE TO:
BUILDING CODES BUREAU**

SCHEDULE OF FEES	EACH	NO.	TOTAL	SCHEDULE OF PLUMBING FIXTURES (NO. OF EACH)	
For issuing Each permit	@ \$20.00 *	_____	_____	Bath Tub	Coffee Maker
For each water service	@ 7.00	_____	_____	Lavatory	Drinking Fountain
For each building sewer and each trailer park sewer	@ 11.00	_____	_____	Shower	Dental Chair
For each plumbing fixture or trap	@ 7.00	_____	_____	Urinal	Floor Drain
For each water heater (or replacement)	@ 7.00	_____	_____	Water Closet (Toilet)	Area Drain
For installation, alteration, or repair of water piping and/or water treatment equipment	@ 7.00	_____	_____	Kitchen Sink	Indirect Waste
For repair or alteration of drainage or vent piping	@ 7.00	_____	_____	Service Sink	Grease Trap
For each lawn sprinkler or fire protection system or any one meter, including backflow protection device	@ 7.00	_____	_____	Wash Tray	Bar Sink
For (1) to (4) total unprotected plumbing fixture, tank, vat, etc. or vacuum breaker or backflow protection device	@ 7.00	_____	_____	Dishwasher	Floor Sink
For (5) or more unprotected plumbing fixtures, tanks, vats, etc. or vacuum breaker or backflow protection device (each) ..	@ 2.00	_____	_____	Auto. Washer	Sump Drain
For each industrial water pre-treatment equipment including its drainage and vent	@ 7.00	_____	_____	Car Wash Sump	Glass Washer
For each fuel gas piping system of one to four outlets	@ 7.00	_____	_____	Ice Machine	Aspirator
For each fuel gas piping system of five or more per outlet	@ 2.00	_____	_____	Glass Fill Station	X-Ray Tank
For each medical gas piping system serving one to five inlet(s) and outlet(s) for a specific gas	@ 50.00	_____	_____	TYPE OF BUILDING (check box)	
For each additional medical gas piping inlet(s) and outlet(s)	@ 5.00	_____	_____	Single Family	Commercial/Public
				Individual Well	Accessory Building
				Septic Tank	New
				Multiple Family	Addition/Alteration
*Except for replacement of water heaters				PROVIDE BUILDING PERMIT NUMBER FOR COMMERCIAL/PUBLIC PROJECTS	
TOTAL FEE				# _____	

Note 1: The "requested plumbing inspection" fee is \$45.00 provided such inspection is less than 1 hour in duration. \$25 for each 30 min. or fraction thereof in excess of 1 hr. plus travel and per diem.

Note 2: A "reinspection" fee of \$30.00 will be charged when reinspection needed, provided the \$30 does not exceed the original fee, in which case the original fee will be charged.

Note 3: Double Fee Penalty: If work has commenced prior to application for a permit and submittal of proper fees, the fee will be doubled in accordance with Section 50-60-509, MCA. **Application must be signed and dated by the plumber responsible for the work.**

APPLICANT SIGNATURE: _____ DATE: _____

**DEPARTMENT OF LABOR & INDUSTRY
PLUMBING/MECHANICAL SAFETY SECTION
PO BOX 200517
HELENA, MONTANA 59620-0517**

(406) 841-2040